

EXHIBIT P

Inmate Request Form dated 11/28/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: DAVID BRYAN KELLEY CELL: 203-B

DATE: NOV 28 - 03 TIME: 3:30

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I need to see Dr James & get
my surgical & Xray on Dr. James cause
my foot still hurts pretty bad.

Inmate's signature

David Bryan Kelley

Do not write below—for reply only

Meds Delivered 11/28/03

AB

Signature of Jail Officer receiving original request:

EXHIBIT Q

Crew Drugs Medical Records

CREW DRUG STORE

MAIN STREET

ROCKFORD

Phone: 256-377-4960

AL 35136

Patient: KELLEY, DANIEL BRYAN

P O BOX 10

ROCKFORD

DOB: 06/17/1971

AL 35136 0000

Patient IRS/Insurance Summary For The Period 1/01/03 Thru 11/29/07.

Rx Number Order.

Drug Name	NDC Number	Rx	M/R	Date	PP	Qty	DS	Doctor	NABP	DEA	Price	Tax	Copay	
CLONAZEPAM 2MG TA	00093083401	212800	N	11/26/03	C	28	14	WEAVER, R	0109404	BW2768022	41.39	.00	41.39	GENERIC
CLONAZEPAM 2MG TA	00093083401	212800	R01	12/09/03	C	28	14	WEAVER, R	0109404	BW2768022	41.39	.00	41.39	GENERIC
CLONAZEPAM 2MG TA	00093083401	212800	R02	12/26/03	C	32	16	WEAVER, R	0109404	BW2768022	41.39	.00	41.39	GENERIC
CLONAZEPAM 2MG TA	00093083401	212800	R03	01/06/04	C	14	7	WEAVER, R	0109404	BW2768022	24.29	.00	24.29	GENERIC
NEURONTIN 300MG C	00071080524	212801	N	11/26/03	C	42	14	WEAVER, R	0109404	BW2768022	67.79	.00	67.79	
NEURONTIN 300MG C	00071080524	212801	R01	12/09/03	C	42	14	WEAVER, R	0109404	BW2768022	67.79	.00	67.79	
NEURONTIN 300MG C	00071080524	212801	R02	12/26/03	C	48	16	WEAVER, R	0109404	BW2768022	76.59	.00	76.59	
NEURONTIN 300MG C	00071080524	212801	R03	01/06/04	C	42	14	WEAVER, R	0109404	BW2768022	67.79	.00	67.79	
ZYPREXA 5 MG TAB	00002411560	212802	N	11/26/03	C	14	14	WEAVER, R	0109404	BW2768022	95.70	.00	95.70	
ZYPREXA 5 MG TAB	00002411560	212802	R01	12/09/03	C	14	14	WEAVER, R	0109404	BW2768022	95.70	.00	95.70	
ZYPREXA 5 MG TAB	00002411560	212802	R02	12/26/03	C	16	16	WEAVER, R	0109404	BW2768022	109.38	.00	109.38	
PHENOBARBITA 60MG	63304074301	212803	N	11/26/03	C	28	14	WEAVER, R	0109404	BW2768022	14.99	.00	14.99	GENERIC
PHENOBARBITA 60MG	63304074301	212803	R01	12/09/03	C	28	14	WEAVER, R	0109404	BW2768022	14.99	.00	14.99	GENERIC
PHENOBARBITA 60MG	63304074301	212803	R02	12/26/03	C	32	16	WEAVER, R	0109404	BW2768022	14.99	.00	14.99	GENERIC
PHENOBARBITA 60MG	63304074301	212803	R03	01/06/04	C	28	14	WEAVER, R	0109404	BW2768022	14.99	.00	14.99	GENERIC
SEROQUEL 200MG TA	00310027210	212823	N	11/28/03	C	42	14	WEAVER, R	0109404	BW2768022	264.49	.00	264.49	
SEROQUEL 200MG TA	00310027210	212823	R01	12/09/03	C	42	14	WEAVER, R	0109404	BW2768022	264.49	.00	264.49	
SEROQUEL 200MG TA	00310027210	212823	R02	12/26/03	C	48	16	WEAVER, R	0109404	BW2768022	281.00	.00	281.00	
SEROQUEL 200MG TA	00310027210	212823	R03	01/06/04	C	42	14	WEAVER, R	0109404	BW2768022	264.49	.00	264.49	
METHOCARBAMO 750M	00781175001	213177	N	12/12/03	C	28	7	JAMES, JO	0109404	AJ5646510	45.69	.00	45.69	GENERIC
METHOCARBAMO 750M	00781175001	213177	R01	01/02/04	C	28	7	JAMES, JO	0109404	AJ5646510	45.69	.00	45.69	GENERIC
METHOCARBAMO 750M	00781175001	213177	R02	01/12/04	C	28	7	JAMES, JO	0109404	AJ5646510	45.69	.00	45.69	GENERIC
ZYPREXA 10MG TAB	00002411760	213623	N	01/02/04	C	28	14	JAMES, JO	0109404	AJ5646510	269.49	.00	269.49	
ZYPREXA 10MG TAB	00002411760	213623	R01	01/15/04	C	28	7	JAMES, JO	0109404	AJ5646510	269.49	.00	269.49	
HYDROXYZINE 25MG	00591552310	213691	N	01/07/04	C	40	7	JAMES, JO	0109404	AJ5646510	32.69	.00	32.69	GENERIC
NORTRIPTYLIN 50MG	00591578801	215258	N	03/09/04	C	14	14	HAMO, WAE	0109404	BH4031073	54.39	.00	54.39	GENERIC
NORTRIPTYLIN 50MG	00591578801	215258	R01	03/22/04	C	14	14	HAMO, WAE	0109404	BH4031073	28.89	.00	28.89	GENERIC
NORTRIPTYLIN 50MG	00591578801	215258	R02	04/05/04	C	14	14	HAMO, WAE	0109404	BH4031073	28.89	.00	28.89	GENERIC
NORTRIPTYLIN 50MG	00591578801	215258	R03	04/19/04	C	14	14	HAMO, WAE	0109404	BH4031073	28.89	.00	28.89	GENERIC
CEFUROXIME 500MG	63304075220	217270	N	05/28/04	C	20	10	LAW, VINC	0109404	BL5525297	79.97	.00	79.97	GENERIC
GFN/PHEYLEPHRINE	60258026901	217271	N	05/28/04	C	20	10	LAW, VINC	0109404	BL5525297	16.79	.00	16.79	GENERIC

Total Rx's 31 Total Price 2,810.19

Patient Copay 2,810.19

Pharmacist signature:

EXHIBIT R

Inmate Request Form dated 11/29/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bagshaw Kelley CELL: 203-B
DATE: Nov 29 - 03 TIME: 11:25

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I need to see Dr. Jones so they
can get my med straight and
refer me to a rehab program but we
haven't been able to talk to Ricky Davis
I need to see Ricky Davis

Inmate's signature Daniel Bagshaw Kelley

Do not write below—for reply only

Message described by Dr. Watson - you have
to go through the court system for rehab

Signature of Jail Officer receiving original request:

11/29/03
AR

EXHIBIT S

Inmate Request Form dated 11/30/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelly CELL: 203-B
DATE: Nov 30 - 03 TIME: 2:35

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below

Went to see Dr. James my
Foot still Hurts & my back the
Doctor at Benjamin Russell Hospital said
that for me to see the Doctor as
soon as possible.

Inmate's signature _____

Do not write below—for reply only

Dr. Michelle Goldhagen did not advise Inmate Bryan
Kelly that he needed to go to see Dr. James.
She advised him that his foot was sprained and that
he needed to elevate it at night, and they did put
a wrap on it. She also advised him to take tylenol for any pain.

Signature of Jail Officer receiving original request:

KSH 12/1/03

EXHIBIT T

Inmate Request Form dated 12//01/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Darrel Rayson Kelley CELL: 203-B

DATE: Dec 1 - 2003 TIME: 5:00 AM

Please check one of the following:

☐ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below"

I would like to see Dr. James
cause my foot is going to have
to have surgery to fix those ligaments
& it hurts all night long. I
want to speak to Ricki Chris
as soon as possible & I am having in
the lower back where it hurts. Please

Inmate's signature

Darrel Kelley

Do not write below—for reply only

Dr. Goldhagen at RMC told inmate Kelley that his
foot was fine it was just sprained. She wrapped it
and told him to keep it elevated, and take tylenol.

Signature of Jail Officer receiving original request:

XSH 12/1/03
~~Dr.~~ The Dr. X-RAYed Inmate Kelley's foot and found
no damage to his foot.

EXHIBIT U

Inmate Request Form dated 12/02/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B

DATE: Dec 2 TIME: 6:35

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☐ Other

Briefly state your request or list your commissary items below"

Need to see Dr. James light the ER
need to speak to Rick Owens.

Inmate's signature

Daniel Bryan Kelley

Do not write below—for reply only

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B

DATE: Dec 2 - 03 TIME: _____

Please check one of the following:

☒ Medical ☐ Commissary ☐ Grievance ☒ Other

Briefly state your request or list your commissary items below"

I would like to speak to
Ricki Davis, & see Dr. Jones
for my foot & lower back

Inmate's signature _____

Do not write below—for reply only

Signature of Jail Officer receiving original request:

EXHIBIT V

Inmate Request Form dated 12/03/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B
DATE: Dec 3-03 TIME: 3:23

Please check one of the following:

☐ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below

Med TO talk to back, doors
Don't ask 5 times

Inmate's signature _____

Do not write below—for reply only

Noted, Sheriff WAS notified 12/8/03 KSH

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Danp1 Bryan Kelly CELL: 203-B
DATE: Dec 3-03 TIME: 3:12

Please check one of the following:

☐ Medical ☐ Commissary ☒ Grievance ☐ Other

Briefly state your request or list your commissary items below"

Got to see the doctor
cause foot still has something
sticking out the side of foot

Inmate's signature _____

Do not write below—for reply only

Will check with Inmate Kelly on his foot and see
if the wrap that the ER put on it needs changing
& RAYS were taken at Russell ER. Everything was O.K.

Signature of Jail Officer receiving original request:

KSH
12/8/03